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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	09G071	A. BUILDING _____ B. WING _____	06/28/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRA	1034 BURNS ST., SE WASHINGTON, DC 20019

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 000	INITIAL COMMENTS This recertification survey was conducted from June 26, 2007 through June 28, 2007. The survey was initiated utilizing the fundamental survey process; however, following further observations it was determined that an extended process should be implemented under the condition of participation of active treatment. A random sampling of three clients was selected from a residential population of six males. Each of the six clients had diagnoses of profound mental retardation; two of the six had psychiatric diagnoses for which medications were prescribed. Two of the three clients in the sample had one to one staffing used for supports with safety and/or maladaptive behaviors. The findings of this survey were based on observations at the facility and day program, staff interviews at both the group home and day program, review of clinical and administrative records, review of incident reports and investigations, and policies.	W 000		
W 124	483.420(a)(2) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore the facility must inform each client, parent (if the client is a minor), or legal guardian, of the client's medical condition, developmental and behavioral status, attendant risks of treatment, and of the right to refuse treatment. This STANDARD is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure that a system had been developed to assist clients through legally	W 124	W124 1. BRA will insure that the risks and benefits of client #3's psychotropic medication regimen are explained to the guardian so as to obtain informed consent documentation…8-15-07. Any proposed changes in the regimen will be discussed with the guardian prior to the change being made and documented consent will be maintained…8-15-07.	

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ADMINISTRATION
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Linda Graham	QMRP	07/19/07

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W 124	Continued From page 1 sanctioned advocacy to ensure the protection of their rights due to their behavioral status, risk of treatment, and desire to refuse treatment for one of four clients in the sample (Client #3). The finding includes: 1. During the entrance conference conducted on June 26, 2007 at 9:20 AM, the Qualified Mental Retardation Professional stated that client #3 did receive psychotropic medications. During observation of the medication adminstration conducted on on June 26, 2007 at 5:30 PM, client #3 received clonazepam 1mg. Client #3's physician orders for July 2007 reflected that the client was prescribed prozac 20mg, and clonopin 1mg. According to the QMRP, client #3 did have a legally sanctioned guardian for medical consents; however, there was no evidence that the client's prescribed psychotropic medications had been reviewed with the "Guardian". 2. According to client #1's medical records that were reviewed on June 27, 2007 at 11:15 AM, the Opthamologist indicated on the consultation document dated April 26, 2006 that client #1 was not cooperative and needed to be sedated for his exam. The April 3, 2007 consultation document revealed that the client was combative and to sedate prior to his visit. Client #1 was again seen at opthamology on June 8, 2007. Reportedly, client #1's left eye was examined but he was "very combative". It was documented that the client "needed either sedation exam or exam under anethesia." According to an examination conducted in 2005, the client had early cataracts.	W 124	2. Client #1's mother is considered the legally sanctioned individual for signing consents and BRA is pursuing that status officially for the mother. The Quality Trust and DDS are involved in BRA's follow up efforts. BRA will obtain official documentation establishing client #1's mother has the legally sanctioned individual for signing consents and supporting client #1 in making important life decisions by...8-30-07. Thereafter, BRA will insure that client #1's mother is given a risks/benefits review on all consent issues and that appropriate consent is obtained and documented...8-30-07.	

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W 124	Continued From page 2 According to the QMRP, client #1's mother signed consents for medical procedures; however, she was not considered by the facility as the legally sanctioned individual for signing consents. It could not be determined that the facility had taken measures to address the need for the client to have legally sanctioned advocacy to assess this medical need.	W 124		
W 126	483.420(a)(4) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow individual clients to manage their financial affairs and teach them to do so to the extent of their capabilities. This STANDARD is not met as evidenced by: Based on interview with the the Qualified Mental Retardation Professional (QMRP) and review of individual program plan (IPP) the facility failed to ensure that clients [#2] received challenging opportunities to enhance the clients financial management skills. The finding includes: According to client #2's IPP, the client did not have a financial goal to assist him with learning to manage his funds. The client's program objective stated that he "Will make a simple purchase given no more than 3 verbal cues from support staff." According to the notes written by the QMRP, client #2 performed 100% of the trials at the criterion level from August 2006 and continued through May 2007. The staff stated during an interview conducted on	W 126	W126 The QMRP will reassess client #2 in the money management area to determine if there are other skill areas where the potential for growth exists (for example, banking or more extensive personal shopping). Based on the findings, additional money management objectives will be added that reflect his existing skill levels, his potential for growth and the desire to make him more independent in the management of his own resources.....8-15-07.	

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W 126	Continued From page 3 June 27, 2007 at 4:15 PM that client #2 was able to select what he wants and brings the item to the cashier area. The staff explained that the client needed verbal prompt to client gives the money and collects his receipt. Although client #2 had a financial assessment, it could not be determined that the client had been challenged in the area of financial management.	W 126		
W 159	483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. This STANDARD is not met as evidenced by: Based on observations, interviews, and review of clinical records, the Qualified Mental Retardation Professional (QMRP) demonstrated a lack of integration and coordination of active treatment programs for two of three clients in the sample (#1, #2 and #3). The findings include: 1. The QMRP failed to ensure that clients [#1] received challenging opportunities to enhance the clients financial management skills. [Refer to W126] 2. The QMRP failed to ensure that clients (#1, #2, and #3) were provided the opportunities for making choices as part of their self-management. [Refer to W247] 3. The QMRP failed to ensure that clients were provided the opportunities for continuous active	W 159	W159 The individual program plans for all of the clients residing in this home will be reviewed to insure: • All programs currently being run are appropriate in that they have the potential to improve the person's level of self reliance for an important life skill; • All programs that are appropriate have been reasonably and logically modified to reflect the person's level of progress or the lack thereof; • All programs are clearly measurable and have instructions for staff to follow that clearly outline what staff is to do in support of the person. This review and modification process will be completed by...8-30-07. Thereafter, progress will be reviewed on a routine monthly basis and modifications will be made based on the level of progress seen on an ongoing basis... 9-1-07.	

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W 159	Continued From page 4 treatment in accordance with their individual program plans (IPPs). [W249] 4. The QMRP failed to ensure that programs that had been attained by the client [#2] had been considered for revision to challenge the client. [Refer to W255] 5. The QMRP failed to ensure that programs that had not been attained by the client [#1 and #3] had been considered for revision to challenge the client. [Refer to W257]	W 159		
W 247	483.440(c)(6)(vi) INDIVIDUAL PROGRAM PLAN The individual program plan must include opportunities for client choice and self-management. This STANDARD is not met as evidenced by: Based on observation, the facility failed to ensure that clients (#1, #2, and #3) were provided the opportunities for making choices as part of their self-management. The findings include: During observation at the facility conducted on June 26, 2007, clients #1, #2, #3 were not encouraged to identify their preferences or to communicate their choices. a. Clients arrived at the facility at approximately 3:45 PM and were given snack. Client #2 had animal crackers, Client #3 had yogurt, and #1 had another snack. Although the clients accepted and ate the snacks provided, there were no choices presented to encourage the clients to identify their preferences.	W 247	W247 The QMRP will conduct a training session with all staff reinforcing the routine practice of providing opportunities for choice-making for every person served and about all activities of daily living. The training will occur by...8-10-07. In addition, the QMRP or her designee will observe staff-client interactions for each shift (i.e. am, pm, and weekend) at minimum twice weekly to insure that staff is routinely exhibiting the targeted practices. When staff does not, the QMRP will provide on-the-spot training with the relevant staff and document the follow up...8-15-07.	

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W 247	Continued From page 5 b. At 4:30 PM, staff blew bubbles for client #1 and put on music. Client #3 was given puzzles and later a coloring book. Client #2 was given an alphabet puzzle and staff recited the alphabets. Although clients were engaged, there were no opportunities to make choices to encourage self choice making. c. During dinner observation on both June 26, 2007 and June 27, 2007, all clients were provided spoons to eat their dinner. According to the occupational therapy assessment for client #3, dated October 2006, the client was to "continue to be give the opportunity to use a regular or adaptive utensils for meals as he chooses." The client was not offered the choice during dinner and there was no evidence that the choice had been given prior to this observation.	W 247		
W 249	483.440(d)(1) PROGRAM IMPLEMENTATION As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. This STANDARD is not met as evidenced by: Based on observation, staff interviews and record review, the facility failed to ensure that clients were provided the opportunities for continuous active treatment in accordance with their individual program plans (IPPs).	W 249	W249 See response for W159. The issues cited under W249 will be addressed as part of the comprehensive review that will be done on each client's IPP program objectives.....8-30-07.	

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W 249	Continued From page 6 The findings include: a. The facility failed to ensure that programs attained by the client [#2] had been revised to challenge and to provide continuous opportunities for learning. [Refer to W255] b. The facility failed to ensure continuous active treatment by not revision programs after clients failed to progress. [Refer to W257] c. The facility failed to provide client #2 with a more aggressive financial program goal to assist him with learning to manage his funds. Although the IPP included the objective "[the client] will make a simple purchase given no more than 3 verbal cues from support staff," the QMRP notes revealed that the client performed 100% of the trials at the criterion level from August 2006 and continued through May 2007. The staff stated during an interview conducted on June 27, 2007 at 4:15 PM that client #2 was able to select what he wants and brings the item to the cashier area. The staff explained that a verbal prompt was needed for the the client to give money and collect his receipt. Although client #2 had a financial assessment, it could not be determined that the client had been challenged in the area of financial management.	W 249		
W 255	483.440(f)(1)(i) PROGRAM MONITORING & CHANGE The individual program plan must be reviewed at least by the qualified mental retardation professional and revised as necessary, including, but not limited to situations in which the client has successfully completed an objective or objectives	W 255		

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W 255	Continued From page 7 identified in the individual program plan. This STANDARD is not met as evidenced by: Based on interview with the direct care staff at the facility and review of client's individual program plan (IPP),documentation of progress, and review of the Qualified Mental Retardation Professional (QMRP) notes, the QMRP failed to ensure that programs that had been attained by the client [#2] had been considered for revision to challenge the client. The finding includes: Review of client #2's clinical record to include the individual program plan (IPP) was conducted on June 27, 2007 at 2:50 PM. The IPP reflected objectives to include: A. "Will strip the dirty linen from his bed every Saturday 50% of the time with verbal prompting." The QMRP's monthly note reflected that the client performed with verbal reminders 100% of the trials from August 2006 to May 2007. B. Will wash his hands 50% of the time with verbal prompting for six consecutive months. The QMRP's monthly note reflected that the client performed with verbal cues from 82% to 80%, from January 2007 to May 2007, exceeding the criterion level of the objective. C. "Will make a simple purchase given no more than 3 verbal cues from support staff." According to the notes written by the QMRP, client #2 performed 100% of the trials with verbal reminders in August 2006 and continued through May 2007 with performing with no more than	W 255	W255 The specific objectives cited under W255 will be addressed during the comprehensive reviews to be completed in August...8-30-07. Thereafter, all program objectives will be reviewed based on the data-based performance on each objective and modified based on the progress demonstrated by the data or the lack thereof...9-1-07.	

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W 255	Continued From page 8 three verbal reminders. There was no evidence that the objectives had been revised to encourage challenging opportunities for the clients.	W 255		
W 257	483.440(f)(1)(iii) PROGRAM MONITORING & CHANGE The individual program plan must be reviewed at least by the qualified mental retardation professional and revised as necessary, including, but not limited to situations in which the client is failing to progress toward identified objectives after reasonable efforts have been made. This STANDARD is not met as evidenced by: Based on interview with the direct care staff at the facility and review of client's individual program plan (IPP),documentation of progress, and review of the Qualified Mental Retardation Professional (QMRP) notes, the facility failed to ensure that objective criterions that had not been attained by clients [#2 and #3] had been considered for revision to increase the success for the clients. The finding includes: 1. According to client #2's IPP, he had an objective "Will brush all surfaces of his teeth twice daily with physical assistance 50% of the trials for six consecutive months." The QMRP notes reviewed on June 27, 2007 at 3:35 PM reflected that client #2 had been performing the objective since July 2006. According to the QMRP notes client #2 performed at 82% verbal cues to 80% from January 2007 to May 2007 which exceeded the criterion level of the objective.	W 257	W257 See response for W255 and W249 above. The specific objectives cited under W257 will be addressed in the review process as per W255 and W249 above.	

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W 257	Continued From page 9 2. According to client #3's IPP reviewed on June 28, 2007 at 9:55 AM, the client had two objectives that the criterion levels had not been met yet there was no evidence that the objectives or programs had been revised to support the client's success. Client #3 had the following programs that he had not met criterion levels. a) "Will place his clothes on a hanger with 50% hands on assistance for six consecutive months." According to the data reviewed, client #2 performed 89% to 100% with hands over hands assistance. Subsequently, the client had not met the criterion level from December 2006 to May 2007. b) "Will engage in verbal interaction with staff for an average of 40 minutes." The documentation reflected that client #3 performed from 2 minutes in Novemeber 2006 to 17 minutes in May 2007. The client had not met criterion level.	W 257		
W 263	483.440(f)(3)(ii) PROGRAM MONITORING & CHANGE The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian. This STANDARD is not met as evidenced by: Based on interview and record review, the facility's specially-constituted committee (Human Rights Committee) failed to ensure that restrictive programs were used only with written consents, for four of four clients included in the sample. (Client #3)	W 263		

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W 263	Continued From page 10 The findings includes: The facility's human rights committee failed to ensure that informed consent had been obtained for the use of Client #3's Behavior Support Plan (BSP) in conjunction with the use of prescribed psychotropic medications as evidenced below. There was no evidence that written consent had been obtained for Client #3's Behavior Support Plan (BSP) which included prescribed psychotropic medication. Interview with Qualified Mental Retardation Professional (QMRP) on June 26, 2007 at 9:20 AM revealed that Client #3 had been "recently" appointed a medical guardian. At the time of this survey, the guardian had not provided written informed consent for the use of the psychotropic medications used by client #3. [See W124]	W 263	W263 See response for W124. BRA will review the psychotropic drug regimen and BSP of client #3 with the new guardian to obtain informed consent...8-15-07.	
W 322	483.460(a)(3) PHYSICIAN SERVICES The facility must provide or obtain preventive and general medical care. This STANDARD is not met as evidenced by: Based on record reviews the facility failed to ensure that necessary safety precautions were taken to ensure that staff could safely administer the CPAP for client #6. The finding includes: It could not be determined that the facility's medical staff had ensured that client #6's medical treatment had been monitored to ensure safe implementation.	W 322		

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W 322	Continued From page 11 1. During an environmental inspection conducted on June 28, 2007 at approximately 11:00 AM, a C-PAP machine was observed in client #6's bedroom. The Qualified Mental Retardation Professional (QMRP) and the House Coordinator, who were following during the inspection, stated that client #6 uses the machine to assist the client with breathing during sleep. The Registered Nurse (RN) stated at 11:20 AM that the staff had been trained to use the machine by a person from the place that the machine was ordered from. The QMRP showed the surveyor a training meeting agenda outline that reflected that the License Pratical Nurse (LPN) trained. There was no documented identified trained staff to determine who and which staff had been trained. It could not be determined that the staff implementing the treatment had been included in the specific training to ensure safe implementation. 2. According to a consultation document from the neurologist dated September 11, 2006, client #6 was to use a C-PAP machine for sleep apnea with 16 centemeters of water every night when he sleeps. Another neurology consultation document dated June 5, 2007 was reviewed on June 28, 2007 at 12:15 PM. The physician documented "please document if he is using machine every night; if it was all night; and document if he is more awake during the day." None of these questions were addressed through the facility's current documentation system. At 1:18 PM on June 28, 2007, the documents provided were reviewed with the RN and the QMRP. The "sleep charting" did not include signatures of the staff implementing and monitoring the C-PAP treatment and the charting made no reference to	W 322	W322 1. BRA will insure that staff are re-trained by BRA nursing on the use of the C-PAP machine and will insure that the training is documented. Each staff member will be observed and tested to insure competence...8-7-07. New staff will be trained within the first week of hire once assigned to the Burns street home...8-1-07. 2. The QMRP will insure that the usage data for the C-PAP and sleep pattern data collection systems are in place by...8-1-07. Additionally, the QMRP will meet with the day program to insure that data is collected and obtained routinely on the sleep pattern during day service hours...8-7-07.	

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W 322	Continued From page 12 the use of the machine. Where the client was awake, it could not be determined if he went to the restroom or if he was awakened due to his breathing. In addition, there was no data or notation to determined that the facility coordinated with the day program to ascertain if the client had been still sleeping through the day hours while at the day program.	W 322		
W 340	483.460(c)(5)(i) NURSING SERVICES Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to training clients and staff as needed in appropriate health and hygiene methods. This STANDARD is not met as evidenced by: Based on record reviews the facility failed to ensure appropriate protective and preventive health measures to include, training staff in appropriate health and hygiene methods. The finding includes: During an environmental inspection conducted on June 28, 2007 at approximately 11:00 AM, a C-PAP machine was observed in client #6's bedroom. The Qualified Mental Retardation Professional (QMRP) and the House Coordinator, who were following during the inspection, stated that client #6 uses the machine to assist the client with breathing during sleep. The Registered Nurse (RN) stated at 11:20 AM that the staff had been trained to use the machine by a person from the place that the machine was ordered from. The QMRP showed the surveyor a training meeting agenda outline that reflected that the	W 340	W340 See responses for W322.	

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	09G071	A. BUILDING _____ B. WING _____	06/28/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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W 340	Continued From page 13 License Pratical Nurse (LPN) trained. There was no documented identified trained staff to determine who and which staff had been trained. It could not be determined that the staff implementing the treatment had been included in the specific training to ensure safe implementation.	W 340		

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I 000	INITIAL COMMENTS This licensure survey was conducted from June 26, 2007 through June 28, 2007. The survey was initiated utilizing the fundamental survey process; however, following further observations it was determined that an extended process should be implemented under the condition of participation of active treatment. A random sampling of three clients was selected from a residential population of six males. Each of the six clients had diagnoses of profound mental retardation; two of the six had psychiatric diagnoses for which medications were prescribed. Two of the three clients in the sample had one to one staffing used for supports with safety and/or maladaptive behaviors. The findings of this survey were based on observations at the facility and day program, staff interviews at both the group home and day program, review of clinical and administrative records, review of incident reports and investigations, and policies.	I 000		
I 109	3504.16 HOUSEKEEPING Each GHMRP shall label inconspicuously each item of clothing as belonging to a particular resident as indicated in his or her Individual Habilitation Plan (IHP). This Statute is not met as evidenced by: The finding includes: During the environmental inspection conducted on June 28, 2007, it was observed that client #1's dresser drawer contained clothing articles belonging to other clients. In addition, several pieces of clothing in client #1's drawer were not	I 109		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Linda Graham, QMRP TITLE (X6) DATE 07/19/07

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I 109	Continued From page 1 labelled. Client #1 would not likely be capable of identifying his own clothing items.	I 109	3504.16 The QMRP will ensure that clothing in all dresser drawers belong to the proper individual. all clothing will be properly labeled and checked for accuracy on a regular basis.....07-16-/07	
I 110	3504.17 HOUSEKEEPING Each GHMRP shall ensure that each resident ' s clothing is kept in good condition, laundered, and cleaned. This Statute is not met as evidenced by: The finding includes: During the environmental inspection conducted on June 28, 2007, it was observed that client #1's and #2's dresser drawer contained clothing articles that were torn. Primarily, these were T-shirts torn at the neck.	I 110	3504.17 The QMRP will ensure that all torn clothing is discarded and documented for all the individuals in the home. He dresser drawers will be checked on a daily basis for torn clothing.....07-16-07	
I 203	3509.3 PERSONNEL POLICIES Each supervisor shall discuss the contents of job descriptions with each employee at the beginning employment and at least annually thereafter. This Statute is not met as evidenced by: The finding includes: It was identified during the review of personnel records on June 28, 2007, at 10:30 AM that six of the fifteen staff files reviewed did not include signed annual job descriptions.	I 203	3509.3 The QMRP will ensure hat all direct care staff working in the home have annual job descriptions signed and dated and properly trained on their Jjb description 07/30/07	
I 206	3509.6 PERSONNEL POLICIES Each employee, prior to employment and annually thereafter, shall provide a physician ' s	I 206		

Health Regulation Administration

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I 206	Continued From page 2 certification that a health inventory has been performed and that the employee ' s health status would allow him or her to perform the required duties. This Statute is not met as evidenced by: The finding includes: It was identified during the review of personnel records on June 28, 2007, at 10:30 AM that three of the fifteen staff files reviewed did not include current health inventories.	I 206	35.09.6 The QMRP will ensure that all direct care staff working in the home have an annual health certificate on file. Letters will be sent out two month in advance of their expiration date to ensure receipt in a timely manner.....08-01-07	
I 395	3520.2(e) PROFESSION SERVICES: GENERAL PROVISIONS Each GHMRP shall have available qualified professional staff to carry out and monitor necessary professional interventions, in accordance with the goals and objectives of every individual habilitation plan, as determined to be necessary by the interdisciplinary team. The professional services may include, but not be limited to, those services provided by individuals trained, qualified, and licensed as required by District of Columbia law in the following disciplines or areas of services: (e) Nursing; This Statute is not met as evidenced by: The finding includes: Refer to federal deficiencies W322 and W340.	I 395	3520.2(e) See federal deficiency W322 and W340	

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I 422	Continued From page 3	I 422		
I 422	3521.3 HABILITATION AND TRAINING Each GHMRP shall provide habilitation, training and assistance to residents in accordance with the resident ' s Individual Habilitation Plan. This Statute is not met as evidenced by: The finding includes: Refer to federal deficiencies W249.	I 422	3521.3 See federal deficiency W249	
I 424	3521.5(a) HABILITATION AND TRAINING Each GHMRP shall make modifications to the resident ' s program at least every six (6) months or when the client: (a) Has successfully completed an objective or objectives identified in the Individual Habilitation Plan; This Statute is not met as evidenced by: The finding includes: Refer to federal deficiencies W255.	I 424	3521.5(a) See federal deficiency W255	
I 443	3521.7(m) HABILITATION AND TRAINING The habilitation and training of residents by the GHMRP shall include, when appropriate, but not be limited to, the following areas: (m) Financial management (including budgeting and banking); This Statute is not met as evidenced by: The finding includes: Refer to federal deficiencies W126.	I 443	3521.7(m) See federal deficiency W126	

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I 500	3523.1 RESIDENT'S RIGHTS Each GHMRP residence director shall ensure that the rights of residents are observed and protected in accordance with D.C. Law 2-137, this chapter, and other applicable District and federal laws. This Statute is not met as evidenced by: The finding includes: 1. Refer to federal deficiencies W124. 2. Refer to federal deficiencies W247.	I 500	3523.1 See federal deficiency W124 and W247	